

**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	Approval by Attorney General of Hawaii of the contract between State and U.S. Department of Health and Human Services.
<b>EFFECTIVE DATE</b>	January 1, 1974.
<b>ADMINISTRATION<sup>1</sup></b>	Social Security Administration.
<b>PASSALONG</b>	In compliance by the method of maintaining all payment levels.
<b>SCOPE OF COVERAGE</b>	Optional supplement provided for every SSI recipient except those who are living in the household of another or who are patients in either: 1) medical facilities where Medicaid pays more than 50 percent of the cost of care; or 2) private medical facilities not certified under Medicaid. Blind and disabled children are eligible for supplemental payments. Payment amounts for eligible children in domiciliary care are determined on an individual basis. Recipients in medical facilities who are eligible for Federal payments under Section 1611(e)(1)(E) receive State optional supplementation (code A payment level) for up to 2 months.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	None.
<b>INCOME DISREGARDS</b>	No disregards in addition to the Federal income disregards.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	Social Security Administration.
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.
<b>INTERIM ASSISTANCE</b>	State participates.

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<sup>1</sup> Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living independently	\$498.90	\$749.80	\$4.90	\$8.80
H	Domiciliary Care (1 to 5 residents)	1,015.90	2,031.80	521.90	1,290.80
I	Domiciliary Care ( 6 or more residents)	1,123.90	2,247.80	629.90	1,506.80

**STATE ASSISTANCE FOR SPECIAL NEEDS**

**ADMINISTRATION** Department of Human Services

**SPECIAL NEED CIRCUMSTANCES:** Housing and utility deposit (one-time only).<sup>3</sup>  
Repair or replacement of stove or refrigerator.<sup>3</sup>  
Emergency assistance due to natural disaster.<sup>3</sup>

Special care payments of \$100 monthly are provided to SSI recipients residing in domiciliary care home who have been certified for an intermediate care facility (ICF) or skilled nursing facility but have not been placed in one because of a lack of bed space. In addition to meeting other requirements, these recipients must either be wheelchair bound, incontinent, or in need of non-oral medication.

**MEDICAID****ELIGIBILITY:**

**CRITERION** State guidelines.

**DETERMINED BY** State.

**MEDICALLY NEEDY PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL EXPENSES**

The Social Security Administration does not obtain this information.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Payments made to SSI recipients if their total income is less than \$418 monthly.